

## **SECTION 1.0 INTRODUCTION**

The purpose of the psychosocial response plan is to address how the Government of Guam will respond to situations concerning the psychological health and well-being of the population of Guam as they relate to a pandemic. The Government of Guam, in conjunction with the DPHSS Director and Guam Homeland Security (GHS) are jointly responsible for periodically reviewing and updating this component to ensure that information contained within the document is consistent with current knowledge and changing infrastructure.

While this plan serves as a guide specifically for intervention activities during a pandemic, the judgment of public health leadership based on knowledge of the specific virus may alter the plan. Priorities established during a pandemic will be to assure the continuation and delivery of essential services while providing assistance to meet the emergency needs of the population.

Between February 22 and 24, 2022 the Chapter 9 Psychosocial community partners met virtually during the Guam Pandemic Plan Writing Retreat to review and update the plan. The following eight (8) recommendations are provided:

1. Recommend for the Governor to form a Psycho-social Advisory Group, similar in form and function to the existing Physician Advisory Group. The purpose of this group is to address the psychological and sociological impact of the pandemic on the population of Guam. This group should be tasked with advising the Governor on actions moving forward to help individuals impacted by the pandemic to recover and build resiliency.
2. Engage with non-profit organizations, private partners, Guam Department of Education (GDOE), and other learning institutions as part of this plan at the interpandemic onset and throughout.
3. Develop and implement a cooperative agreement to obtain multi agency groups for these psychosocial plans and request dedicated funding from the legislature or federal grantors to support strategic planning for agency specific budgets.
4. Identify physical assets (manpower) to provide Individual and Family Support Team (utilizing GDOE school counselors, grant funding). Utilizing personnel from "non-essential" line agencies as practicable to support the psychosocial activities.
5. Identify gaps in crisis intervention for quarantine facilities, isolation facilities, and home isolation.
6. Identify and incorporate community prevention programs to build and enhance resiliency programs for the community such as, sexual abuse prevention and recognizing anxiety.
7. Advocate to enhance and accommodate vulnerable populations requiring supervised personal care assistance during a pandemic, as Government shelters may not provide personal care services and/or have family members. For example, if an individual,

with no family members, is in the isolation or quarantine facility, they should be given access to personal care assistance.

8. The plan should be reviewed annually for updates as needed (e.g., tabletop exercise, Zoom, etc.) and identify key members to participate in the review and exercise/implementation of the plan, such as Guam Behavioral Health, Department of Public Health and Social Services, Department of Integrated Services for Individuals with Disabilities, Non-Profits and For-Profits (Healthcare organizations), etc.

## **SECTION 2.0 SCOPE OF OPERATIONS**

The scope of operations applies to all victims of any disaster as well as personnel assigned to emergency-oriented missions within the Territory of Guam. All public and private agencies, as they relate to the plan, will operate within the established incident command structure.

## **SECTION 3.0 SITUATION AND ASSUMPTIONS**

- A pandemic or other disaster will present a massive test of the emergency preparedness system. Advance planning for the island's emergency response could save lives and prevent substantial economic loss.
- During a pandemic or other disaster, the delivery of critical services within the community will be severely impacted because of widespread illness, absenteeism and death.
- Guam's healthcare and behavioral health systems will be strained to the breaking point by staff attrition and increased demand for services. First responders, healthcare workers and others will be at higher risk of viral exposure, stress related illness and anxiety than the general population, further straining the health and wellness system.
- Extraordinary numbers of casualties within the community will cause sudden and significant shortages of personnel in areas providing critical public services and support.
- An effective response to a pandemic will require the coordinated efforts of a wide variety of organizations, private as well as public.
- Disasters, by their nature, produce the need for a coordinated psychosocial approach and intervention. Responding to the impact of disasters, for all people involved, is an integral part of a comprehensive and effective disaster response plan and recovery strategy. Hence a Psychosocial Response Plan should be available for all individuals.
- Additional stress related to caring for increased numbers of casualties, disaster responders, including medical personnel, are at higher risk for developing trauma-related disorders. Certain members of the workforce may be at increased risk of viral infection or stress related illness. Those workers at increased risk of infection are especially vulnerable due to a real or perceived increased risk of becoming infected themselves and transmitting infection to their friends and families.

- During a pandemic, there may be short and/or long-term effects on the behavioral health of individuals because of direct exposure to sick and dying loved ones, and on the population as a whole.
- The particular behavioral health needs of special needs populations such as tourists, residents from other cultures, homeless people, and persons who are homebound or with special health care requirements also needs to be considered. Along with additional pandemic-related behavioral health needs of the community, providing care for those with pre-existing behavioral health illness will need to continue to be addressed.
- Provision, distribution and training in the use of specialized safety equipment, such as PPEs (masks, gloves, eye protection, hand sanitizers and other protective equipment) for members of the Psychosocial Support Team will be the responsibility of the DPHSS.
- To reduce any stigma associated with the term “psychosocial” the Psychosocial Response Team will be called the “Individual and Family Support Team” or IFS Team.

#### **SECTION 4.0 CONCEPT OF OPERATIONS**

The psychosocial support response will be formed into a comprehensive network including social workers, school guidance counselors, other behavioral health providers and volunteers from various agencies and organizations public and private. This network will be referred to as the Psychosocial Planning Committee. The focus of the Psychosocial Response Plan will be to mitigate the impact that a mass casualty incident may have on the population of Guam. This will be accomplished by coordinating the activities of public/private agencies and organizations, such as, Guam Behavioral Health and Wellness Center, Department of Integrated Services for Individuals with Disabilities, disaster relief organizations, i.e., American Red Cross, for-profits, non-profits, and others.

Available resources may limit implementation of the Psychosocial Response Plan. Due to the expected high demand for emotional support and counseling, resources may quickly be exhausted; therefore, there may be a need for the Government of Guam to request additional assistance from the Federal Government, such as the Federal Emergency Management Agency (FEMA), the National Disaster Medical System (NDMS), CDC or other Federal agencies. In particular the NDMS may provide specialized support from the following: Medical Support Unit, behavioral health and Stress Management teams, Disaster Medical Assistance Team, the Disaster Mortuary Operation Response Team and the Veterinary Medical Assistance Team.

The Psychosocial Response Plan will provide psychosocial support for members of law enforcement, fire department and others during their daily “end of shift” debriefings. A minimum of two members of the Psychosocial Team will be dispatched to the debriefing sites or other locations to provide emotional support, assistance, evaluation, and referral as required.

The portion above to be reassessed by the Psychosocial Advisory Group at time of pandemic to determine if “end of shift” debriefings to occur based on staff availability, type of virus, etc.

The Individual and Family Support Team (IFS) will need to:

- Conduct an island-wide resource inventory to determine the availability and numbers of qualified psychosocial support team members to staff the debriefing centers, corpse processing centers, senior citizens centers, community shelters and other sites, which may require psychosocial support. The priority of services for the IFS shall be in the following order: first responders, Corpse Processing Centers (CPC), isolation and quarantine sites, triage sites, medical treatment locations, the hotline and other locations as required.
- Assess the behavioral health needs of the community especially for: first responders, healthcare providers, individuals and families undergoing isolation or quarantine, survivors, members of the IFS Team, and others.
- Provide guidance and coordination for the Guam Pandemic Response by promoting Disaster Crisis Counseling (ref: FEMA Crisis Counseling Assistance and Training Program, enclosed) for victims and families.
- Coordinate with Psychosocial Advisory Group to identify the Critical Incident Stress Management to be provided for first responders and healthcare workers.
- Provide the Joint Information Center and community partners with literature and educational materials on the human response to disaster, stress reduction, workforce resiliency programs and self-help information.
  - Coordinate with the designated Public Information Officer (PIO), Risk Communications and GHS in providing accurate information to the public to address the fear and other psychological reactions to a pandemic via media TV, radio, newspaper and social media.
  - Utilize the Joint Information Center News Releases and or its equivalent to assist and provide the public with Pandemic Information for assistance regarding pandemic issues such as, access to behavioral health counseling, access to community shelters, victim's services, etc.
  - Provide information in other languages, as appropriate.
- Update existing community Resource Inventory Directory listing support services available for workers and clients to manage emotional stress during the response.
- Train first responders on how to:
  - Provide limited crisis intervention to victims to help them manage the crisis associated with the impact that the emergency or disaster may cause such as providing Crisis Hotline number Calling Cards for victims.
  - Train first responders and or their designees such as Dispatcher to make appropriate referrals for continuing psychosocial services for individuals and families requiring further assistance or evaluation through workshops specific to first responders (such as law enforcement).
  - Create and or expand a Training Plan for First Responders to include Behavioral Health First Aid and Awareness of Services available for Victims.

- Include Text Training for Victims who may be with Alleged Perpetrator and who are unable to leave their homes.
- Coordinate with ECHO Education, Chapter 1, to ensure continuity of operations during a Pandemic for all organizations is provided utilizing the U.S. Centers for Disease Control and Prevention Emergency Preparedness and Response Guidance.
- Enhancing technology for Pandemic operations for remote services. Example, Behavioral Health and Department of Public Health and Social Services moved from in-person visits to telephone and or zoom check-in with clients and programs.
- Develop and list shelters for victims and those in need of transitional short-term housing during a Pandemic for children, youth and adults.
- As funding permits, provide periodic training to psychosocial support staff and volunteers.
  - Coordinate with Behavioral Health to conduct First Aid Behavioral Health Training, as appropriate.
  - Follow up/refresher training.

## **SECTION 5.0 ACTIVATION AND IMPLEMENTATION**

It is expected that a pandemic will occur in the phases listed below. In actual practice, the distinction between the various phases of pandemic may be blurred or occur in a matter of hours, underscoring the need for flexibility. The Psychosocial Response Plan is outlined for each phase.

### **PANDEMIC PHASES**

#### **WHO PHASES 1 AND 2: INTERPANDEMIC PERIOD**

**Guam Behavioral Health and Wellness Center, Department of Public Health and Social Services, and Department of Integrated Services for Individuals with Disabilities will meet to:**

- Identify the Psychosocial Planning Committee to be appointed from DPHSS, GBH, DISID, non-profits, for-profits, and first responders such as GPD and GFD, see Exhibit 2 Organizational Chart.
- Identify private and public sector partners who may be willing to participate in the process of planning for a Psychosocial Response. Prepare letters of committee appointments and for the duration of appointment.
- Engage with non-profit organizations and private partners, and GDOE and other learning institutions as part of this plan at the interpandemic onset and throughout.

- Identify and incorporate community prevention programs to build and enhance resiliency programs for the community such as, sexual abuse prevention, recognizing anxiety, recognizing suicide prevention.
- Review annually the American Red Cross virtual family assistance center (Individual and Family Support Team) and hotline number (free 4/7 counseling or support, call or text the Disaster Distress Helpline at 1-800-985-5990). Collaboration with the clergy on grief support.
- Identify physical assets (manpower) to provide Individual and Family Support Team (utilizing GDOE school counselors, grant funding). Utilizing personnel from "non-essential" line agencies as practicable to support the psychosocial activities.
  - Provide technical assistance and guidance to partners and the community on their agencies' psychosocial response plans.
  - Seek input from partners and first responders to identify major gaps and potential solutions.
  - Collaborate within the participating agencies and organizations to update and review overall contingency plans for a large-scale public health disaster such as pandemic.
- Develop and implement a cooperative agreement to obtain multi agency groups for these psychosocial plans and request dedicated funding from the legislature or federal grantors to support strategic planning for agency specific budgets.
- Review and exercise Chapter 9 Psychosocial annually for updates as needed (e.g., tabletop exercise, Zoom, etc.) and identify key members to participate in the review and exercise/implementation of the plan, such as Guam Behavioral Health, Department of Public Health and Social Services, Department of Integrated Services for Individuals with Disabilities, Non-Profits and For-Profits (Healthcare organizations), etc.

**Psychosocial Planning Committee Responsibilities include but are not limited to the following:**

- Review and develop organizational structures (flow chart) and roles and responsibilities of the committee members.
- Identify meeting frequencies with the psychosocial support partners to further update and develop the plan to include recent developments and additional research. Develop and update the training syllabus for psychosocial support staff.
- Identify gaps in crisis intervention for quarantine facilities, isolation facilities, and home isolation.
- Identify and incorporate community prevention programs to build and enhance resiliency programs for the community such as sexual abuse prevention, recognizing anxiety, recognizing suicide prevention.



- Advocate to enhance and accommodate vulnerable populations requiring supervised personal care assistance during a pandemic, as Government shelters may not provide personal care services and/or have family members.
- Review and update Resource Directory for first responders and psychosocial support staff (partnering agencies).
- Prioritize Critical Services; identify operational staffing in line with local public health and U.S. CDC Guidelines.
- Recruit and train additional non-professional volunteers from the community (retired social workers or private citizens who have received specialized training), as needed.
- Review the suitability of existing pamphlets and brochures on stress, anxiety, and disaster management for use by the public during a pandemic
- Develop a Workforce Resilience Program for first responders, in conjunction with the DPHSS Education Team.

### **WHO PHASE 3: PANDEMIC ALERT PERIOD**

#### **Guam Behavioral Health and Wellness Center, Department of Public Health and Social Services, and Department of Integrated Services for Individuals with Disabilities**

- Designate a primary and alternate member of the psychosocial support team to be the point of contacts to receive pandemic updates and to brief the Psychosocial Planning Committee.

#### **Psychosocial Planning Committee**

- Review and update an assessment tool to evaluate the Psychosocial Response Plan and in consultation with pandemic risk communicator or equivalent.
- Review the pandemic response and contingency plans for psychosocial support, update as required.
- Monitor bulletins from CDC, WHO, Health Alert Network (HAN), and others regarding clinical updates as appropriate.

### **WHO PHASE 4: PANDEMIC ALERT PERIOD**

- Psychosocial Planning Committee activated at the interpandemic onset and throughout.

### **WHO PHASE 5: PANDEMIC ALERT PERIOD**

#### **Recommendations for Psychosocial:**

- Coordinate with the designated PIO, Risk Communications and the JIC to implement the Psychosocial Response Plan.
- Continue to review the pandemic response and contingency plans for a large-scale public health disaster.
- Coordinate the deployment and detailing of available psychosocial support staff during the pandemic outbreak, including private, public, and volunteers (Attachment C [Procedures of, D [Detailed Sheet for Pandemic Response], and E).
- Explore coordination of Combating Operational Stress Guam Army National Guard Behavior Health Officer. This hour-long presentation will explore operational stress. Prevention and intervention strategies to prevent/address stress and stress injuries. Participants will sharpen their current skillset and develop new tools to combat stress from continuous operations due to the COVID-19 pandemic.
- In the event of personnel shortages other options for grief counseling to be provided through virtual and/or connection with hotline numbers.
  - Assess manpower availability to assign counselors to the Corpse Processing Center to assist grieving family members if and when the facility is activated and/or to provide remote, virtual and/or hotline assistance.
- Plan and conduct formal debriefings or emotional support interviews for Psychosocial Team Members.
- Reassess and revise the plan as needed.
- Assess the effectiveness of the Psychosocial Response Plan using identified and developed assessment tool.

#### **WHO PHASE 6: PANDEMIC PERIOD**

- Continue all activities listed under pandemic phase.
- Review, evaluate and modify the plan as needed.
- Continue to monitor manpower resources and staffing needs.

#### **WHO POST PANDEMIC PERIOD**

- Assess state and local capacity to resume normal behavioral health functions.
- Modify the pandemic response and contingency plans based on lessons learned.



## **Exhibit 1: FEMA Fact Sheet – Crisis Counseling Assistance and Training Program**

### **FACT SHEET**

## **Crisis Counseling Assistance & Training Program**

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FEMA implements the Crisis Counseling Assistance and Training Program (CCP) to fund mental health assistance and training activities in areas that have received a Presidential major disaster declaration for Individual Assistance upon request by a state, tribal or territorial government. Funding is through a federal grant award application. Within the application, the requestor must identify a non-federal entity to administer CCP.

The U.S. Department of Health and Human Services' (HHS) Center for Mental Health Services, within Substance Abuse and Mental Health Services Administration (SAMHSA), works in partnership with FEMA to provide technical assistance, consultation, grant administration, program oversight, and training for state and tribal designated mental health authorities.

### **Program Overview**

The mission of the program is to assist individuals and communities in recovering from the psychological effects of disasters through the provision of community-based outreach and educational services. It supports short-term interventions to assist disaster survivors in understanding their current situation and reactions, mitigating stress, promoting the use or development of coping strategies, providing emotional support, and encouraging links with other individuals and agencies who may help survivors in their recovery process.

Services are provided at no cost and are available to any survivor who has been impacted by the disaster. These services are delivered in accessible locations, including survivors' homes, shelters, temporary living sites, and places of worship. Services can be provided in a group setting or one-on-one.

### **Disaster Crisis Counseling vs. Mental Health Treatment**

The key difference between traditional mental health services and crisis counseling is the way services are provided. Mental health treatment, as typically defined within the mental health community, implies assistance to individuals for a diagnosable disorder. Typically, the mental health professional and client will discuss various treatment options and agree to certain interventions and treatment goals.

In contrast, crisis counseling seeks to help survivors understand that they are experiencing common reactions to extraordinary occurrences. Crisis counselors treat each individual and group they encounter as if it were the only one, keep no formal individual records or case files. They also find opportunities to engage survivors, encouraging them to talk about their experiences and teaching ways to manage stress. Counselors help enhance social and emotional connections to others in the community and promote effective coping strategies and resilience. Crisis counselors work closely with community organizations to familiarize themselves with available resources so they can refer survivors to behavioral health treatment and other services.

### **Programs Available**

Supplemental funding for crisis counseling is available to state, territorial, and designated tribal authorities through two separate federal grant programs.



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**Immediate Services Program (ISP)**

- Application is due 14 days after a Presidential major disaster declaration that includes Individual Assistance.
- FEMA provides funds for up to 60 days of services immediately following the approval of IA for a disaster.
- FEMA awards and monitors the ISP federal award in coordination with SAMHSA.

**Regular Services Program (RSP)**

- The application is due 60 days after a Presidential major disaster declaration that includes IA.
- FEMA provides funds for up to nine months from the date of the notice of award.
- SAMHSA awards and monitors the RSP federal award in coordination with FEMA.

These are separate programs that require separate applications. ISP is not a prerequisite for RSP, nor is RSP required automatically when ISP has been approved.

## Key Principles

The Crisis Counseling and Training Program is guided by key principles:

- **Strengths Based:** Services promote resilience, empowerment and recovery.
- **Diagnosis Free:** Crisis counselors do not classify, label, or diagnose people, nor keep records or case files.
- **Outreach Oriented:** Crisis counselors deliver services in affected communities proactively rather than waiting for survivors to seek their assistance.
- **Culturally Sensitive:** The model embraces cultural and spiritual diversity, as reflected in culturally-relevant outreach activities that represent the communities served.
- **Flexible:** Services are conducted in nontraditional settings, not clinical or office settings.
- **Capacity Building:** Services are designed to strengthen existing community support systems.
- **Practical More than Psychological:** Crisis counselors help survivors develop a plan to address self-identified needs and suggest connections with other individuals or organizations who can assist them.
- **One Identity:** While delivered by various agencies, the CCP strives to be a single, identifiable program.

## Services Funded

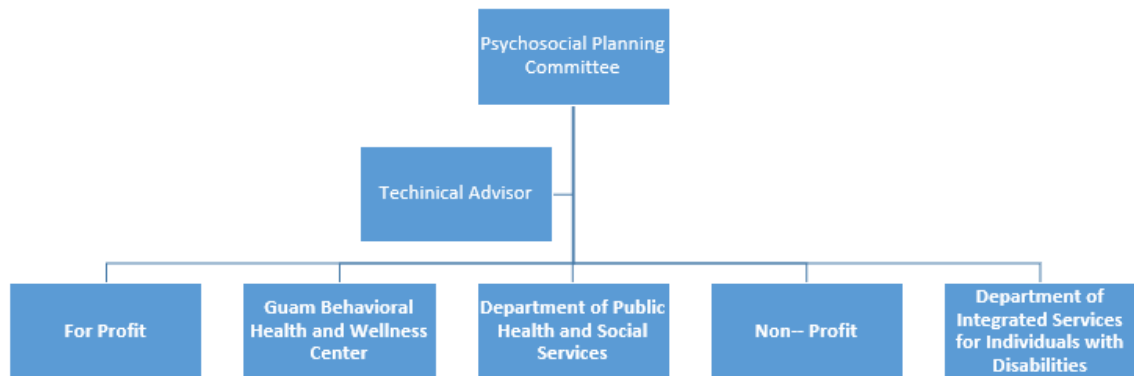
The following services may be funded under the Crisis Counseling and Training Program:

- **Individual Crisis Counseling:** Helps survivors understand their reactions, improve coping strategies, review their options, and connect with other individuals and agencies who may assist them.
- **Basic Supportive or Educational Contact:** Provides general support and information on resources and services available to disaster survivors.
- **Group Crisis Counseling:** Hosts group sessions led by crisis counselors offering skills to help survivors.
- **Public Education:** Offers information about reactions, coping strategies, and available resources.
- **Community Networking and Support:** Builds relationships among community resource organizations, faith-based groups, and local agencies.
- **Assessment, Referral, and Resource Linkage:** Assesses needs of adults and children and provides referral to additional disaster relief services, mental health or substance abuse treatment.
- **Development and Distribution of Educational Materials:** Produces and distributes flyers, brochures, tip sheets, educational materials, and website information developed by CCP staff.
- **Media and Public Service Announcements:** Works in partnership with local media outlets, governments, charitable organizations, and/or other community brokers to develop and share public messaging.

Learn more at [fema.gov](https://www.fema.gov)

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## Exhibit 2: Psychosocial Committee Organizational Chart



### **Exhibit 3: Behavioral health First Aid Course**

Provided by Guam Behavioral Health and Wellness Center

The Behavioral health First Aid is a course that gives people the skills to help someone who is developing a behavioral health problem or experiencing a behavioral health crisis.

#### **Topics Covered**

- Depression and mood disorders
- Anxiety disorders
- Trauma
- Psychosis
- Substance Use disorders

Behavioral health First Aid teaches about recovery and resiliency – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well.

#### **Interventions Learned**

When you take a course, you learn how to apply the Behavioral health First Aid action plan in a variety of situations, including when someone is experiencing:

- Panic attacks
- Suicidal thoughts or behaviors
- Non suicidal self-injury
- Acute psychosis (e.g., hallucinations or delusions)
- Overdose or withdrawal from alcohol or drug use
- Reaction to a traumatic event

The opportunity to practice — through role plays, scenarios, and activities — makes it easier to apply these skills in a real-life situation.

## Exhibit 4: Resources – U.S. CDC Emergency Preparedness and Response (<https://emergency.cdc.gov/planning/index.asp>)

# Preparedness & Planning




Guidance and tools developed for pandemic influenza planning and preparedness can serve as appropriate resources for health departments during the COVID-19 outbreak. Find those resources [here](#).

The whole community (e.g., individuals, families, communities, businesses, and jurisdictions) needs to plan for disasters and emergencies, and the disruptions that often result. Click the links below to learn how families, businesses, healthcare facilities, and government organizations can prepare for disasters and different types of public health emergencies.

## Personal Preparedness

Be prepared to protect your own and your family's health from the impacts of a disaster or an emergency on the public health and healthcare systems.


### Individuals, Families, and Communities

- Prepare Your Health
  - [Personal health preparedness](#)
  - [Plan ahead](#)
  - [Create community](#)
- [Neighbors Helping Neighbors](#)  (FEMA)


### Personal and Public Health Threats

- [Pandemics](#)
- [Natural disasters](#)
- [Bioterrorism emergencies](#)
- [Chemical emergencies](#)
- [Radiation emergencies](#)
- Other [agents, diseases, and threats](#)

### Communities

- [Nonpharmaceutical Interventions \(NPIs\): Planning Guidance and Checklists](#)  
CDC has updated pre-pandemic planning guidelines for community mitigation strategies, including NPIs, that can be used to plan and prepare for a flu pandemic.
- [Community Preparedness Toolkit](#)  (FEMA)





## Businesses

- [Emergency Preparedness for Business](#)  
Instructions to building occupants, actions to be taken by facility management, and first responder notification procedures; from the National Institute for Occupational Safety & Health (NIOSH)
- [Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks](#)  
Steps a building owner or manager can take to protect building occupants from an airborne chemical, biological, or radiological attack; from the National Institute for Occupational Safety & Health (NIOSH)
- [Preparedness Planning for Your Business](#)  (FEMA)  
The Ready Business Toolkit series includes hazard-specific versions for earthquake, hurricane, inland flooding, power outage, and severe wind/tornado.

## Public Health Preparedness



Before an emergency happens, it is important to make plans. Below are some resources to help you prepare for and respond to disasters. Click on the links to learn more.

### State and Local

- [CDC's State and Local Readiness Resources](#)  
Information about the Public Health Emergency Preparedness Cooperative Agreement, medical countermeasures, and more.
- [Pandemic Preparedness Resources](#)  
Guidance and tools developed for pandemic influenza planning and preparedness that can serve as appropriate resources for health departments in the current COVID-19 response.
- [MedCon](#)  
Tool designed to estimate the baseline medical care requirements (per 100,000 unit of population) following a disaster due to terrorism or natural phenomenon.
- [Public Health Emergency Response Guide for State, Local, & Tribal Public Health Directors](#)  
All-hazards reference tool for health professionals who are responsible for initiating the public health response during the first 24 hours (i.e., the acute phase) of an emergency or disaster.
- [Engaging Faith-based and Community Organizations: Planning Considerations for Emergency Managers](#)  
- [Emergency Management Assistance Compact \(EMAC\)](#)  
 Information about EMAC, the interstate mutual aid agreement that provides a mechanism for sharing personnel, resources, equipment and assets among states during emergencies and disasters.
- [Suspicious Package Indicators and Recommended Response Procedures](#)  
 Guidelines for local responders, based on existing procedures, on the initial response to letters, packages, or containers containing suspicious powders, liquids, or other materials. Developed by HHS/CDC, FBI, & DHS.

## Emergency Planners and Responders

### Training


- [Emergency Responder Health Monitoring and Surveillance \(ERHMS\) Course](#)
- [Strategic National Stockpile Preparedness Course](#) 
- [Application and Integration of Nonpharmaceutical Interventions \(NPI\) into Pre-Pandemic Influenza Planning, Preparedness and Response](#) 
- [Environmental Health Training in Emergency Response](#)
- [Reproductive Health in Emergency Preparedness and Response](#)
- [Keep Learning with Emergency Partners Information Connection \(EPIC\) Conference Calls & webinars](#)
- [Crisis and Emergency Risk Communication Webinars](#)



## Preparedness Tools and Resources

- [Nonpharmaceutical Interventions \(NPIs\): Planning Guidance and Checklists](#)
- [Medical Consequences Estimation Tool \(MedCon\)](#)
- [Epidemic Information Exchange \(Epi-X\)](#)
- [Medical Countermeasure Readiness](#)
- [Planning Resources by Setting](#)
- [Reaching At-Risk Populations](#)

## Response Tools and Resources

- [Psychological First Aid for First Responders](#) 
- [Public Health Emergency Response Guide](#)
- [Assessment and Surveillance after a Disaster](#)
- [Response Worker Health and Safety](#)
- [Guidance on Microbial Contamination in Previously Flooded Outdoor Areas](#)

## Legal Preparedness

- [Legal Preparedness Webinar Series](#)
- [Regulations and Laws That May Apply During a Pandemic](#)
- [Legal Authorities for Isolation and Quarantine](#)
- [The CDC Field Epidemiology Manual: Legal Considerations](#)
- [Public Health Emergency Preparedness Clearinghouse](#)

The Public Health Emergency Preparedness Clearinghouse is a central repository for emergency preparedness-related statutes, regulations, orders, reports, and legal tools. The Clearinghouse is intended to aid jurisdictions considering updates and clarifications to their public health emergency legal preparedness activities.

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## **Exhibit 5: Resources- American Red Cross Hotline**

(<https://www.redcross.org/get-help/disaster-relief-and-recovery-services/recovering-emotionally.html>)

***To reach out for free 24/7 counseling or support, call or text the Disaster Distress Helpline at 1-800-985-5990.***

Disasters are upsetting experiences for everyone involved. Children, senior citizens, people with disabilities and people for whom English is not their first language are especially at risk and are likely to need extra care and help. But everyone, even the people that others look up to for guidance and assistance, is entitled to their feelings and deserves support throughout the recovery process.

# **Emotional Responses**

When we experience a disaster or other stressful life event, we can have a variety of reactions, all of which can be common responses to difficult situations.

These reactions can include:

- Feeling physically and mentally drained
- Having difficulty making decisions or staying focused on topics
- Becoming easily frustrated on a more frequent basis

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